|  |
| --- |
| **Utah Task Force 1****Expense Report Reimbursement Request** |
| **Reimbursement requests must be submitted within 5 days of event** |
| **Name** |  | **Date** |  |
| **Address** |  | Hold Reimbursement Check for Pick-up:  |
| **City** |  | **YES** |  | **NO** |  |
| **Phone** |  | **State** |  | **Zip** |  |
| **Email** |  |  |
|  |
|  **Submitters Signature** |
| **Travel Related Expense** |  | **Reason for trip:** |  |

|  |  |  |
| --- | --- | --- |
| **Date of Receipt** | **Expense Description** | **Amount** |
| *Note: Salt Lake Urban Search and Rescue cannot process requests for reimbursements without an* ***itemized receipt that identifies purchases*** *and approval for them.* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** | **$**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Business Mileage Reimbursement****-Purpose of trip-** | **Driven Business Miles** | **Mileage****Rate** | **Amount***(Driven Miles \* Rate)* |
|  |  |  | $.54 |  |
|  |  |  | $.54 |  |

|  |  |
| --- | --- |
| **Total Submitted for Reimbursement Consideration** |  |

|  |  |
| --- | --- |
|  |  |
| Program Manager Approval Signature | Date |

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| ***SUBMIT TO:******Salt Lake Urban Search and Rescue or e-mail lchen@ufa-slco.org******Attn: Lin Chen******6726 Navigator Drive***Administration Use Only:Date Paid: Check #:***West Jordan, Utah 84084******Cell: 801-913-3662******Fax: 801-955-2726*** |